

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X640

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

70 / 11/1	. ***			*		ve por non or				
Establishment Name							Telephone Number	Date of In (mm/dd/)	nspection yr)	PERMIT #
Establishment Address (number and street, city, state, zip code)						B12 944 0692	4/-	lana	18-151	
7/47 A		ss (numbe L	F and street, city,	state, zip co	ae)	47.64		י <i>ויו</i> דן.	72017	18-151
Owner	Unar	1 IN-V	1/4 1/4	~ /1 p4	1	11120	Purpose:	Fallow	un Dalaa	se Date
ZUZO Charleston Rd New Albay, N 41713 Owner Bob - Tanny Wolford							1. Routine	Follow-up Release Date  // / / / / / / / / / / / / / / / / /		
Owner's Address						<del></del>	2. Follow-up	Summary of Violations:		
					•		3. Complaint	) Summar	y or violatio	118,
Person in Charge Charlette Embry							4. Pre-Operational 5. Temporary	$C \bigcirc NC \bigcirc R \bigcirc$		
Certified Food Manager							7. Other (list)			
Certified Food Manager								LA_2	23	_45
- CONTRICAT	TODAKO AT	and management		LOWER AND LAND						<u> </u>
			FIED IN THE CHE							
			OM PREVIOUS INS	SPECTIONS .	ARE DENO		SUMMARY OF VIOLATIONS"	AND IN THE		
Section#	C/NC	R	· · · · · · · · · · · · · · · · · · ·			Narrative			To Be C	orrected By
		<u> </u>								
						<u>.:</u>				
			No viela	tims.						
		<del>-</del> -						<u> </u>		
							······································	<del></del> -		
<del></del> :	<del></del>									
			<del>.</del>							
						· · · · ·				·
							·			,
	:									
				• • • • • • • • • • • • • • • • • • • •		<u>.</u>				
	_			-		- <u>-</u>	<del></del>			·
								<del>-</del>		
ē										
				-	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
							<u> </u>			
Received by (name and title printed):							Inspected by (name and title printed):			
<u> </u>	acli	Ho	H. En	26K4			A,).	Ingra	n (EHS	<u>)                                    </u>
Received by (signature):							Inspected by (signature):			
Charlette a Combry.							<u>a</u> j			
cc:				<b>G</b> €:				ee:		
				I				ŀ		